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CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/570,013
Filing Date	February 28, 2006
First Named Inventor	Yoshida, et al.
Art Unit	-----
Examiner Name	-----
Attorney Docket Number	PREZP102US

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 23623

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<input checked="" type="checkbox"/> Firm or Individual Name	Amin, Turocy & Calvin, LLP		
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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Noriaki Kihara</i>	
Name	Noriaki KIHARA	
Date	Dec. 5, 2006	Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 forms are submitted.

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